

L16000055390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 MAR 21 PM 3:06
STATE OF FLORIDA
TALLAHASSEE

N. Culligan

MAR 9 1 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OSK, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M. Downey, Esq.

Name of Person

ROBERT M. DOWNEY, P.A.

Firm/Company

6751 N. Federal Hwy., #300

Address

Boca Raton, FL 33487

City/State and Zip Code

rdowney@downeyip.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert M. Downey at (561) 989-0889
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2016

ROBERT M. DOWNEY, P.A.
6751 N. FEDERAL HWY. #300
BOCA RATON, FL 33487

SUBJECT: OSK, LLC
Ref. Number: W16000013373

We have received your document for OSK, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 516A00003738

RECEIVED
16 MAR 21 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

Formed for any and all lawful business

16 MAR 21 PM 3:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I

The name of the Limited Liability Company is:

OSK, LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

22684 Caravelle Cir., Boca Raton, FL 33433

ARTICLE III

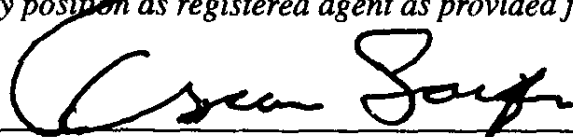
Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Oscar Soifer

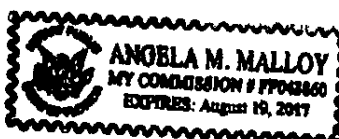
22684 Caravelle Cir., Boca Raton, FL 33433

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Oscar Soifer, Registered Agent's Signature

(Notary Public Required)



*Seen and subscribed to
before me this 16th day of Feb. 2014*

ANGELA MALLOY

ARTICLE IV

The name, title and address of each Member is as follows:

Oscar Soifer, AMBR (Member authorized to manage and control the company)
22684 Caravelle Cir., Boca Raton, FL 33433

✓

Signature: _____

Oscar Soifer

16 MAR 21 PM 3:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Claire Soifer, Member

Marlene Soifer Berlow, Member

Robert Soifer, Member

Bruce Soifer, Member

ARTICLE V

The effective date, if other than the date of filing: _____

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member

(In accordance with section 605 et seq., Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

✓

Oscar Soifer

Oscar Soifer
(Typed Name of person signing)